

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LIII.

THURSDAY, OCTOBER 18, 1855.

No. 12.

CASE OF GLOSSITIS.

Read before the Boston Society for Medical Observation, September 17th, 1855, by CHARLES D. HOMANS, M.D.

KATY SHEEN, 8½ years old, the child of decent Irish parents, had always been healthy previous to the attack for which she came under my care, June 5th, 1853. On May 31st, her mother had noticed for the first time several white spots on the tongue, the child at the same time complaining of soreness of the mouth. There was also swelling of parotid and submaxillary glands of each side. On June 3d the tongue began to swell, and since then, had steadily increased in size, attended by a constant flow of saliva from the mouth. A physician was called at this time, who prescribed Dover's powder and syrup of tolu, internally, with iodine ointment externally.

On examination of the child, the parotid and submaxillary glands on each side were found much swollen and very tender. The tongue was greatly enlarged, so that the patient could not entirely close the mouth; it projected considerably over the lower teeth, the upper teeth being in a measure imbedded in its substance. There were several ulcerations on the apex of the tongue, covered with a whitish exudation; on the posterior portion, the whole surface was covered with a dirty white coat. The saliva was continually flowing from the mouth, which was kept open by the state of the tongue. Great difficulty in swallowing; pulse 120; skin hot; no appetite; much thirst. R. Spir. eth. nitr., ʒ ij. Twenty drops in water, once in three hours. R. Aluminis, ʒ j.; aquæ, ʒ iv. M. as a gargle. Food to consist of arrowroot, gruel, &c.

June 6th.—Patient had passed a restless night, owing to pain beneath lower jaw, and the uncomfortable state of the mouth. The tongue was more swollen, projecting in front of the lower teeth at least two fingers' breadth, the teeth of the upper jaw being entirely imbedded in its substance. No motion in lower jaw. Tip of tongue cleaner than the day before. Pulse 120—rather weak. No appetite; no dejection. There was in the morning, early, considerable hemorrhage from left side of mouth, several small clots being still in the basin. Saliva flowing as before. R. Castor oil. Inject the alum water over surface of tongue by means of a small syringe. Broth. Beef-tea.

June 7.—Tongue so much swollen as almost to prevent swallowing, so that the child has taken but little nourishment. No more hemorrhage. Pulse more feeble. Otherwise as before. One dejection from oil. Gave, with the broth, two ounces of wine in the course of twenty-four hours.

8th.—Tongue as before, save that it was entirely clean at tip and as far as could be seen. On injecting the alum water in the morning, a mass of whitish, lymph-looking matter was discharged from mouth. No hemorrhage. Wine has caused no trouble. Pulse a little better. Saliva still flowing continually from the mouth.

9th.—Tongue much less swollen, particularly at tip. The base and the roof of the mouth were covered with an exudation similar to that discharged June 8th, and extending from the one to the other of these surfaces, like the soft adhesions of the lungs to the pleura in recent pleurisy. Flow of saliva as before. Appetite improved. Thirst less. No dejection. Enema.

On a microscopic examination of the mass discharged June 8th, by Dr. B. S. Shaw and myself, numerous irregular fibres, with considerable fat and globules of lymph, were seen.

11th.—Swelling lessening. The child was able to speak a word or two for the first time on the 10th, though with pain. Flow of saliva less. Base of tongue still covered with the exudation described above, a considerable quantity coming away after each injection of the alum water. Appetite improving, though the child had still excessive pain on swallowing, extending from back part of the mouth through the ears. On examining the throat, the tonsils and uvula were found much enlarged and reddened.

13th.—Improving. Swelling of tongue diminished, though still considerable. The centre, tip and edges were very red, but not ulcerated. On each side of the central line was some of the same secretion formerly noticed. Tonsils smaller than at last visit, with some slight ulcerations. Slight discharge of blood in night. Was able to speak better, though her voice sounded as if she had something in her mouth. Submaxillary glands still much swollen. Pulse 96, good. One dejection. Appetite good. Vegetables and a piece of meat, if able to swallow.

16th.—Much improved. Tonsils less swollen. Tongue reduced nearly to natural size. Still some of the lymph on each side of the central line, elsewhere the organ being very red. Swallowed with more ease, though still nothing but liquids and porridge. Saliva still flowing from mouth, though in less quantity than before. The glands under the jaw were still somewhat swollen, though the tenderness was lessened. Patient was discharged, with directions to keep on with the treatment till all the symptoms had disappeared. She was seen a fortnight afterwards, in a perfectly good state of health.

IS PRURIGO CONTAGIOUS?

BY WM. W. GREENE, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

ALTHOUGH the contagion of prurigo is not admitted by any of our authors on cutaneous pathology, nor by any practitioner so far as I know, yet an amount of evidence has occurred during the past year, under my own observation, which is, to say the least, difficult to reconcile with the commonly-received opinions respecting this disease.

About one year ago, a little girl in this neighborhood had a troublesome humor, which, although I did not see it, yet from the history given by the friends, was, no doubt, prurigo. During the autumn two other little girls, from another family, slept with her several nights, and in a short time these were attacked with prurigo. In a few weeks four other members of the family were attacked. A young lady who came into the family, perfectly free from any cutaneous disease, was attacked in a short time. An uncle of the children in the last named family made one of them an especial favorite, was much in the house and fondling his afflicted pet. In a few weeks he was attacked by the same disease; and subsequently several members of his household were subjects of the same malady. A young lady, living in one of the families mentioned, went, while suffering from the disease, to reside with some friends out of town, and in a short time two of her friends, with whom she had slept, had the disease.

In the diagnosis of the affection there can have been no mistake. Several of the patients had been subjected to thorough treatment for *scabies* before I saw them, with no avail. Several medical gentlemen, besides myself, saw the disease, all agreeing as to its nature. The papular character of the eruption, its location on the outside of the limbs and back, the *intense* pruritus, the absence of vesicles or any appearance of acari, were sufficient to establish its character. The internal exhibition of alkalies, external alkaline baths, and the application of zinc ointment, readily effected a cure.

The above facts seem to me to depend upon something more than a mere coincidence. They are at any rate sufficient to prompt a careful attention to this subject.

North Waterford, Me., October, 1855.

SCIRRHUS OF THE OVARIA AND UTERUS, ACCOMPANIED WITH IMPREGNATION.

BY FREDERICK ROBIE, M.D., WALDOBORO', ME.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The following unusual and interesting case occurring in my practice, may be of some value to the members of

the medical profession; and, at the suggestion of some of my brother physicians, I have prepared the following paper for the Journal, subject to your approval.

Mrs. S——, of Waldoboro', Me., aged 44, of full powers of life, slender frame, sallow countenance, and of nervous temperament, was first introduced to my notice for medical advice in the latter part of June. She had been married several years, and although circumstances upon which impregnation depends might seem favorable for such a result, still nothing of the kind took place, and menstruation continued till February last, when it ceased altogether. Her bodily form and contour now began to change, and the abdomen became more and more enlarged. She considered herself *enceinte*, and the symptoms and appearances were of such a character as to preclude, to a casual observation, a different opinion.

In the latter part of June, Dr. Bliss and myself were called to consult upon the case. The patient appeared large and full over the whole of the abdomen. The constitutional powers were much reduced, great irritability of the stomach existed, and as she was experiencing violent pain and unnatural tenderness in the left hypochondriac region, a careful examination seemed requisite. This examination brought to light a state of things which had been studiously concealed, and entirely overlooked on account of the supposed condition of the patient. A tumor of enormous dimensions was discovered lying just beneath the abdominal walls, extending from the coccygeal region to the right hypochondriac region, occupying the whole anterior space to the right of the linea alba, and particularly prominent in the right umbilical region. The left margin of the tumor could be traced along, nearly in the line of the linea alba, whence it receded posteriorly. Another tumor, of a smaller size, lay on the left side, overlapped in a measure by that on the right side. The left-hand tumor was first noticed in its incipency, four years ago, and one of the most experienced and valuable members of the medical profession was called in consultation; I need only mention the name of Prof. McKeen, of Topsham.

A careful examination and reflection seemed to favor the following diagnosis:—that there were two ovarian tumors; but as there was no fluctuation, the nature of their contents was a matter of doubt and speculation. The examination was necessarily obstructed and obscure; the existing disease and collateral circumstances seemed to preclude the idea of pregnancy. Cooling and anodyne applications were made externally, and the occasional administering of a pill of cicuta and opium answered the purpose of allaying a frequent exacerbation of fever and irritation arising from the unnatural condition of the abdominal cavity. From June until nearly the middle of September the patient at times seemed better, and was able to be about; but the tumors steadily increased in size, particularly the one on the left side, in which there was evidently fluctuation, while the other was firm and unyielding, except in one

point. At times it seemed desirable to puncture, at least it would render certain an obscure diagnosis ; but from the uncertainty of the result, the idea was abandoned. In due time, notwithstanding the palliative remedies which physicians and friends directed for the comfort and the prolongation of her life, the powers of existence yielded to the demands of a disease, with which fatality is a necessity.

Through the kindness of friends, an autopsy was allowed, science benefited, and obscurity removed. Present at the autopsy, Drs. Bliss and Cole of Waldoboro', and myself. The body was extremely emaciated, and the general external appearances the same as above described. Crucial incisions were made through the parietes of the abdomen, and the contents were thus freely exposed. In front, directly posterior to the parietes, lay the cause of the unequal protrusion, apparently two large tumors, entirely concealing all the abdominal viscera, except a small portion of the colon, which lay over and upon the superior portion. These tumors were connected by strong adhesive bands to the inner parietes of the abdomen, in innumerable points, stronger, and of more consistence in those parts near which the patient had often complained of such intense pain. The first appearance of this morbid growth was a well-defined mass, of smooth and shining exterior, tuberos, and of a dense and unyielding structure. The right portion was separated from the left by a fissure, both portions having a common connection with the uterus. The right tumor extended far into the right hypochondriac region, interfering with the healthy function of the liver, and crowding upon the free action of the lungs. The tumor was particularly prominent in the umbilical region, and extended far down into the hollow of the sacrum ; a subsequent examination showed this to be a diseased ovary. This overlapped the second tumor on the right side, which appeared to be the largest. There were a few points where a small quantity of fluid matter had escaped from the tumor, and flowed into the abdominal cavity. The whole mass was removed, and found to weigh seventeen and three fourths pounds.

The tumor on the left side proceeded from the fundus of the uterus, and contained a dirty-looking fluid, much resembling common soft soap. There was about a quart of this fluid, and a large quantity of matter of an encephaloid aspect. The tumor was of a dense consistence, the exterior as hard as cartilage, the interior of various consistence, uniting the cartilaginous, fleshy and fatty tissue, which in a few points had been converted into fluid, and encephaloid substance. In front of the uterus was a small tumor ; posteriorly, also, there was another of about the size of a coffee-cup, extending far down into the coccygeal region. There still remained the central mass, from which, on incision, a large quantity of liquor amnii escaped, and in the cavity thus opened (this portion proving to be the body of the uterus) lay a well-developed female fœtus, perfect in shape, of about six months' growth, bearing evi-

dence of perfect nutrition. On cutting the umbilical cord, a small quantity of blood exuded, and the supposition is, that the life of the fœtus terminated with that of the mother. The walls of the uterus were studded with tubercular deposits, and the inner surface was easily broken down by slight pressure, in most of its parts. The left Fallopian tube and ovary seemed to partake of the general disease, but probably of more recent date. Indeed, the whole generative apparatus seemed contaminated with a scirrhus diathesis.

The history of this case seems to substantiate the following facts: That fecundation can take place while one ovary performs its office, even although extensive disease exists all around it, and has its iron hold upon the most important generative organs. That fecundation, instead of retarding, rather develops the growth of scirrhus tumors. That the growth and development of fœtal life seem to depend more upon the child's inherent vitality and power, than upon remote causes, particularly those connected with the healthy condition of the uterus and its appendages. Finally, that physicians may be led into erroneous opinions, unless cases, like the above, are offered for medical research, and for public medical reading.

October, 1855.

ON UTERINE PAINS AND HEMORRHAGE AFTER DELIVERY.

Translated from the French of Dr. Liegard, of Caen, Corresponding Member of the Medico-Chirurgical Society of Bruges, by W. OWEN BROWN, M.D., of Providence. R. I.

THERE is a form of suffering to which newly-confined women are usually exposed, denominated *uterine pains*. These pains are regarded by physiologists and accoucheurs as natural and necessary; and for their relief, as we have before said, a few insignificant remedies only, of which the experience of each day shows the inefficacy, are mentioned by authors. But if in most cases these pains are moderate, and, if we may be allowed the expression, confined within physiological limits, it is not so with a great number of women, especially those who are of a feeble constitution, and have already borne many children. It is unhappily only too common to see, in these cases, the pains prolonged for several days, with great violence, and the patient left enfeebled and exhausted at the approach of the milk fever, which is thus rendered more troublesome and grave.

All accoucheurs have remarked that primiparæ suffer much less from these pains than others; it has even passed into a proverb with matrons that it is necessary to have them either *before* or *after* delivery; for, say they, women suffer much more before their first confinement, than before the succeeding ones, and for this reason

* The former part of this paper, relating to uterine hemorrhage, was published in the Journal of September 13th.

their sufferings are shorter after it; beautiful explanation, which explains nothing at all.

Accoucheurs and physiologists have assigned, as the principal cause of these pains, the obstruction offered by the contraction of the neck of the uterus to the escape of clots. But why are we to suppose this to offer more obstruction after the third or fourth labor than after the first? Observation and reason, on the contrary, demonstrate that the obstruction ought to be less considerable, in proportion as the uterine neck has been often relaxed and distended by the escape of the fœtus. Some obstetricians have admitted a want of contraction in the uterine fibres; but they have deduced no consequences from these premises; they have not indicated any means by which they have been able to restore to these relaxed fibres their energy and contractility, so much have they been accustomed to regard these pains as natural and necessary. However this may be, this last explanation is perfectly conformable to sound physiology and experience.

Why then do primiparæ experience, after the expulsion of the placenta, so much less severe pain, and particularly of so much shorter duration? It is because the walls of the uterus have as yet been distended only by a single gestation, and possess much more energy than when, after many parturitions, they have lost their tonicity and contractility, they contract firmly upon themselves, and the uterus easily discharges itself and expels from its cavity the blood *before it has time even to collect there and form coagula*. But in succeeding confinements, and particularly in women of a lymphatic temperament and feeble constitution, and especially in those confined with twins (which goes far to establish our theory that the uterine fibres possess but very feeble contractility), the blood accumulates in the womb, and there forms clots, which are expelled slowly and painfully, with violent and persistent uterine contractions. If, therefore, the surgeon had at his command means sufficiently powerful to restore to the body of the enfeebled uterus its energy and its contractility, it would certainly spare the woman those long pains which cause her so much bitterness, at a moment which should be so grateful to her. But these means are precisely the same as I pointed out in the first part of this memoir, and which succeeded perfectly, and always, as we have seen, when it was wished to prevent a *perilous loss of blood after confinement*—I mean the ergot of rye, given *immediately before* the expulsion of the child, and *cold injections into the umbilical vein in order to effect the detachment of the placenta*.

The causes which produce hemorrhage after accouchement, are also those which predispose to the persistence of *uterine pains*; and it would seem that *a priori* we should advise recourse to the same successful mode of treatment. I may state, however, that observation alone has conducted me to this valuable discovery, and that I made it in pursuing my observations upon the means of guarding against these hemorrhages. The first observation is, therefore, re-

lative to a woman evidently threatened with grave hemorrhage after accouchement.

CASE I.—April 11th, 1847, at 5, P.M., I was called to a woman who had been having labor pains about three hours. She was at the term of her ninth pregnancy. She told me that all her labors had been very easy and fortunate, but that all, and *especially the last*, had been followed immediately by a considerable loss of blood, and by violent pains lasting for two or three days, with the expulsion of clots of blood, which had extremely fatigued her and left her feeble for more than a month after. The waters began to flow early in the evening. It was a head presentation with the occiput in advance; the neck of the womb was entirely dilated; the pains, though feeble, recurred every three minutes, and made the perineal tumor very prominent. Everything, therefore, announced that the labor would soon terminate. However, an hour after, things remained in the same state. I administered one gramme and a half of ergot of rye (about 25 grains). The pains became more energetic a quarter of an hour after, and at 7 o'clock the head was at the point of passing the vulva. I repeated the dose of ergot; and some minutes after, the child, strong and well formed, was expelled. The uterus remained sensibly contracted upon the placenta, but no pains were at first experienced. It was not until half an hour had elapsed, that some slight alternating contractions became manifest. Traction upon the cord was, however, made, without result. I then injected some cold water into the umbilical vein, and almost immediately a cold sensation was experienced in the uterus, which contracted strongly, and, two minutes after, slight traction upon the cord brought away the placenta without resistance. The womb maintained a state of *continued* contraction, for at least half an hour, and then moderate expulsive efforts, scarcely painful, began to be experienced at long intervals, denoting the escape of a little blood; no clots were expelled. She passed a comfortable night. The following morning the skin was moist; the sanguineous lochia were less abundant, and already a little serous. The mother nursed her child during the day, and eat two soups. The *uterine pains were insignificant*. The patient rose on the seventh day.

I was impressed, in this case, with the mild character of the uterine pains, and their short continuance; the woman herself was surprised. After having reflected, therefore, deliberately upon all the circumstances of the case, and after having re-called other similar examples in which the same means had been followed by the same results, I came to the resolution, for the future, to excite uterine contractions not only in order to *avoid dangerous hemorrhage after the escape of the placenta*, but also to *prevent, or greatly to diminish, uterine pains*. It has been remarked, as I said above, that a twin birth was followed by longer-continued and more severe pains, but no one has sought, as far as we know, to explain the cause. Dr. Windrif reported, in the *Medico-Chirurgical Journal*

for Dec., 1849, a very interesting case of superfœtation. It occurred to a lady who was confined on the same day of two children, one of which was at term, the other at 7 months, and he added, "though this was a first confinement, the mother had very strong pains, which continued for fifteen hours after delivery, with the expulsion of clots and abundant lochia." Thus this author confirms two things—1st, longer-continued and more severe uterine pains, after twins; 2d, that the ordinary pains attending a first confinement are less persistent than those attending succeeding ones. He evidently recognized, by the astonishment which it caused him, the prolongation of these pains, but he did not attempt to account for the phenomenon.

CASE II.—At the end of November, 1847, Mrs. D—— was delivered naturally, after a labor of fifteen hours, of a strong, well-formed boy. The uterus afterwards remained very distinctly developed, and evidently contained a second fœtus, but the uterine contractions were suspended for twelve hours. Then, after a renewed labor of three hours, a second bag of waters became very prominent and was opened, and soon a fœtus was expelled. It bore all the signs of death dating several days prior to the birth. This lady informed us that eight days previous to her confinement she had met with a fall from her stairway, in which the right side of the abdomen had been violently struck. Thus during all this time the uterus was able to contain a healthy, well-formed child, and one for several days dead. It only concerns us to state here, that the uterine pains presented a persistence and a violence very extraordinary. They ceased only on the third day, despite the application of emollients and narcotics, employed perseveringly and in large doses. This was the third labor with this woman. The pains in other cases, where there has been but one child, had seldom persisted more than twelve or fifteen hours.

CASE III.—April 16th, 1847, at 9, P.M., I was called to a woman who had been having labor pains for several hours. For the last half hour they had been very severe, and the labor was near terminating. In short, hardly twenty minutes after my arrival, I received a very strong child, which immediately began to cry sharply. This was the seventh time I had assisted this woman upon similar occasions, and I knew that the placenta always detached itself slowly and with difficulty, because of the feeble uterine contractions, and that its extraction was followed by a considerable loss of blood, and by very severe and prolonged pains. In the two last accouchements, particularly, the pains had continued for three days and three nights, during which time she had been unable to obtain either quiet or sleep. Twenty-five minutes after the escape of the child, some slight pains began to be felt. I made feeble traction upon the cord; the placenta was adherent, and I at once desisted, and immediately threw a cold injection into the umbilical vein. A sensation of coldness manifested itself in the uterus, and almost immediately this organ began to contract. The con-

tractions gradually increased, and the placenta was expelled by the aid of slight traction. Afterwards there escaped some spoonful of red, fluid blood. The womb remained contracted, without pain, and under the influence of this prolonged but not painful contraction, its volume gradually diminished, and sleep was refreshing. Only a few very distant pains were perceived, towards morning, and they disappeared entirely in the course of the day. This woman nursed her child; she was up, on the fifth day, 21st April, and her health and strength were immediately re-established.

In this case we have at once a double success; both the absence of hemorrhage and of uterine pains, the occurrence of which the experience of her former labors would almost certainly indicate.

CASE IV.—Mrs. E. D., aged 35, of a sanguine, lymphatic temperament, and a good constitution, had borne four children. I attended her in her two last confinements, and in both instances the uterine pains following were violent and were prolonged for two or three days, so that the patient expressed her sufferings as being greater subsequent to, than preceding, her confinement. At the last, particularly, the pains continued through two days and nights, so as entirely to deprive her of sleep. In the month of January, 1848, some years after her fourth confinement, she found herself at the term of her fifth pregnancy. In the night of the 20th or 21st, after one feeble uterine pain, the membranes ruptured, and the waters flowed abundantly; this was succeeded by a long repose. At 6 o'clock the contractions became very energetic and regular, and at 8 o'clock a strong girl was born naturally, and without the least accident. Ten minutes after, a slight contraction manifested itself; the placenta, however, remained firmly adherent. I then injected 400 grammes (about 12 fluid ounces) of cold water into the umbilical vein. The uterus contracted at once strongly, and the placenta was removed by slight traction upon the cord. During the two hours next following, the pains succeeded each other at short intervals, accompanied by abundant sanguineous lochia, which disgorged the uterus and diminished its volume considerably. These pains became gradually slighter until afternoon, and during the night she was almost completely exempt from them. On the morning of the 22d, they returned suddenly. The patient having been placed upon a night-vessel to urinate, a large clot was expelled, and from that time the pains were scarcely felt, and disappeared entirely thirty hours after confinement.

CASE V.—Mrs. Germain, aged 26 years, of a nervous, sanguine temperament, was confined with her third child June 14th, 1848, at noon, after a labor of two hours and a half, *with good pains* (at her second accouchement, 16 months before, the uterine after-pains had persisted for three days). At twenty minutes past 12, no uterine contraction announced the approaching expulsion of the placenta, which remained completely adherent, and I made an injection of 120 grammes of cold water into the umbilical vein. A slight sensation of coldness was produced in the uterus. Four

minutes after, things remaining in the same state, another injection was made. The sensation of coldness was greater, and the womb contracted energetically. Slight traction was made upon the cord, which brought away the placenta, the lobules of which were a little cold, evidently infiltrated by the liquid injected. The womb remained contracted during the entire afternoon, but there were no uterine pains. The crying of the child, during the night, kept the mother almost constantly awake; but the following morning she did not complain to me of any after-pains; and it was not until I had particularly questioned her regarding it, that she told me it was true she had felt some colic pains, but very slight. She experienced a few more pains during the 15th; but the following night, after having nursed her child, it was removed to another apartment, and she slept soundly and felt no more of the pains. On the 16th, and the following days, the lochia flowed in the usual manner. On the 17th she sat up four hours. She was able to walk out on the eighth day.

In this case, as in all others where I have not anticipated hemorrhage, I have employed injections only. In the following case I arrived too late to employ the ergot before the delivery of the child; but it will be seen that by the injections alone, I succeeded equally well. I believe, therefore, it is possible to attain our purpose with this means alone, but yet prudence ought to lead us to adopt the two modes of treatment in grave circumstances.

CASE VI.—I was called at 2, P.M., Oct. 7, 1848, to go immediately to visit a woman who was the subject of the first observation related in this second part of my paper. The case was a very urgent one. I found, on my arrival, that the child had been expelled some minutes (it was her tenth confinement). I hastened to ligate and divide the cord; then I waited about ten minutes without any uterine contractions becoming apparent. This woman spoke to me of her fears of hemorrhage and after-pains, to which she had been subject. I encouraged her by reminding her of the success of her last accouchement, and informed her that I had since been successful in many other cases. I threw three successive injections into the umbilical vein, each of 145 grammes of water at the common temperature (it was a warm day); after the second, there was experienced a slight sensation of coldness; after the third, uterine contraction was energetic. Feeble traction sufficed to bring away the placenta; it was a little cool in all its parts, and very much distended by the water injected. I remained about an hour after this with the woman. There was no hemorrhage; the womb remained firm, without any painful contractions. * * * The following morning she assured me she had experienced *no colic*. She had no fever, had already given the breast to the child several times, and the uterus was much less voluminous than on the evening before. The lochia were slightly sanguineous and flowed well. This woman rose on the seventh day, and now (Dec., 1848) the mother and child are in good health.

CASE VII.—An English lady was taken with labor pains on the morning of the 25th October, 1848. It was her second confinement, the first having occurred seven years before. The child was born without instrumental aid at 3 o'clock, P.M., after two hours of very hard pains. As this lady had met with a very alarming loss of blood after her first confinement, I administered two grammes of the ergot of rye, near the termination of the labor, and, in order to detach the placenta, I injected 150 grammes (about 5 fluid ounces) of cold water into the umbilical vein. The cord was very short, and this single injection excited immediately a sensation of cold in the uterus, and produced the expulsion of the placenta, which was not succeeded by hemorrhage or after-pains. Lochia natural and free. This lady was up on the seventh day.

I could relate many similar cases, but it is useless to do so when reason and sound physiology so clearly demonstrate the principles which it is intended to illustrate. In all these cases, after employing the means I have indicated, the labor progressed precisely as does that of a first accouchement. The uterine walls opposed each other firmly, and prevented the accumulation of blood, and the formation of coagula. The after-pains, sometimes absent, were in other cases quite severe, but soon diminished, and disappeared entirely. The flowing of the sanguineous lochia was unobstructed and quite easy, less in quantity, and continued a shorter period of time than when the injection was not used. In fact, in place of being prolonged to 30 or 48 hours, the lochia were seen to diminish 10 or 12 hours after the accouchement; the vermilion color gradually grew less, and after the second day there was not more than a reddish serosity, which soon constituted what is called the *serous lochia*. This last secretion, in its turn, was natural and without pain, and was soon succeeded by the white discharge, which is more prolonged and more abundant, if the woman does not nurse her child, and if she has not the care of attending it. In this case, a less nourishing regimen, and one less exciting to the secreting and depurating organs, and to the perspiratory system, is generally indicated. The lochia are affected, too, by age, temperament, season, climate, &c.

Physicians have formerly made long and ridiculous calculations respecting the quantity of blood a woman ought to lose after parturition, in order that the system may be *sufficiently purged*. The blood that a woman loses after the expulsion of the placenta, uselessly enfeebles her, if it flows in the absence of uterine contractions; it takes from the vital forces, of which she will have indispensable need, in performing the important function of nursing her child. There is no further flow of blood needful than that which accompanies the uterine contractions, and which serves to disgorge the walls of this organ, and to restore them to their normal or physiological limits. It is conceived, then, that some hundreds of grammes are amply sufficient; now by the means which

we counsel, this double result is obtained promptly, and almost without pain.

As to the mode of making these injections, since it is so readily understood, I have not entered into a very detailed description. It will be well to have a syringe containing at least 150 grammes (4 or 5 fluid ounces) having a long, fine nozzle, or canula. Before introducing it into the vein, make a clean section of the cord, for the purpose of distinctly seeing the vessels. The cord should not be, at the most, more than 12 or 15 inches long. In my first trials I used water acidulated with vinegar, especially when I anticipated hemorrhage. For some years past I have employed only simple cold water, and its action has appeared to me sufficiently powerful.

Whenever a dissection has been made of a placenta, detached by injection into the umbilical vein, it has been remarked that wherever the ramifications of the vessels have been followed, the liquid injected has been met with. The two faces of the placenta present a very different aspect. The internal, or fetal face, is traversed throughout its extent by the transparent divisions of the vein distended by the cold water; the uterine surface, on the contrary, is red and injected by the blood contained in it. The liquid of the injection does not penetrate to the external surface; hence the temperature of this surface is found more elevated than the other, and the sensation of cold experienced by the woman is not so great as, *a priori*, would have been supposed. It is important that the sensation of cold in the uterus should be felt, since it announces, and determines, the uterine contractions, indispensable to the success of the operation. It is evident that if the water be very cold, a much less quantity will need to be injected; at the common temperature, in winter, 150 grammes will often suffice, while in summer two or three times that quantity may be required.

Bibliographical Notices.

A Practical Treatise on the Diseases of the Eye.—By WILLIAM MACKENZIE, M.D., Lecturer on the Eye in the University of Glasgow, &c. &c. From the fourth revised and enlarged London edition. With notes and additions by Addinell Hewson, A.M., M.D., &c. Philadelphia, Blanchard & Lea, 1855. 8vo. p. 1027.

For a long time no work equally important with that bearing the above title has been presented to the profession in this country. More than twenty years since, an earlier edition was republished by the Massachusetts Medical Society, and this has been, till the present time, the best treatise on the subject accessible to the American physician. This edition, however, has long been "out of print," and its place has been ill supplied by the republications of the works of Mr. Lawrence and of Mr. T. Wharton Jones. Lawrence on the Eye has always been an unsatisfactory book; sufficiently correct on all points relating to the more simple and ordinary affections, but tedious in style, and dealing often in generalities precisely where the inquirer sought for nice distinctions and accurate details. Mr. Jones's Man-

ual embodies the more recent ideas in the theory and practice of ophthalmic medicine, but it is puzzling and confused in its arrangement, and is too much condensed to admit of easy comprehension by the student, or the practitioner who, as is so often the case in this country, finds himself called on to treat diseases of the eye without having enjoyed any opportunity for clinical acquaintance with them. The best of the other English works, among which may be mentioned those of Tyrrell and Middlemore, have not been re-published here; nor have translations been made of the excellent treatises which have appeared on the continent. We cannot, then, but hail a practical treatise, one which leaves so little to be desired, on this important subject. The reader feels, that not only has a wonderful amount of labor and vast research been bestowed by its author, in accumulating his materials; but that, in comparing and estimating the opinions of others, he has received nothing upon trust, and adopted no theory till it has passed the ordeal of proof to the satisfaction of his own competent judgment.

In the limited space allowed, we cannot attempt a critical review of Dr. Mackenzie's work; but a desire to obtain for it the attention which it richly merits induces us to refer to certain portions of the book, which may serve to convey an idea of the value of the whole.

In his chapter on the ophthalmiæ in general, our author urges, in philosophical and conclusive language, the importance of an accurate classification, and protests against the habit of virtually regarding all these affections as identical. He says, "The general rule, that inflammation in a great measure limits itself, not merely to one organ but to one tissue, certainly holds with regard to the eye." And, though he admits that other contiguous parts may become involved, he regards many of the morbid conditions as having their chief seat in a particular texture. From this follows the conclusion "that it is evidently impossible that the inflammatory affections of parts so widely differing in structure and function as those combined in the eye, can be treated at once indiscriminately and successfully. We find, for example, that the remedies which in the course of a few days are often sufficient completely to remove inflammation of the conjunctiva, only aggravate inflammation of the sclerotica and iris; while the plan of treatment which speedily cures scleratitis or iritis, if trusted to in conjunctivitis, would expose the eye to almost certain destruction."

Under the head of "remedies for the ophthalmiæ," he exhibits, in a very clear and concise style, the general principles of treatment, and gives many valuable and practical suggestions in regard to the employment of different classes of remedies. We do not entirely agree with him,—we do not believe, for instance, that "the nitrate of silver and muriate of mercury have in a considerable degree superseded such astringents as alum, sulphate of zinc and sulphate of copper." The nitrate of silver ointment does not deserve even the mention he has made of it, but should be banished from use, as having no advantages over a solution, and as being, even when carefully prepared, a very unmanageable remedy. The operation of paracentesis corneæ, for the evacuation of the aqueous humor in some internal inflammations, is spoken of as "in certain cases an invaluable remedy," but as "too nice an operation to have come into general use." As described by our author, performed with a cataract knife, it certainly could not justifiably be resorted to in ordinary instances; but the instrument invented for this purpose by M. Desmarres, obviates the objections, and allows of its being done with perfect safety. We also consider Dr. Mackenzie a little too fond of his collyrium of the muriate of mercury, which he prescribes on almost all occa-

sions. In most respects, however, we deem his suggestions in the highest degree judicious and valuable. For example, we think he renders an important service, in insisting that "the scrofulous ophthalmia, and almost all others in the chronic stage, are benefited by tonics;" in advocating a comparatively moderate resort to antiphlogistic measures, contrasted with the rather heroic practice which has been inculcated by British authorities; in recommending the use of mild solutions of the nitrate of silver ("of an average strength of four grains to the ounce of water"), instead of countenancing the abuse which is almost universally made of this salt, in the indiscriminate application of nearly saturated solutions. He very properly calls attention to the fact that the cicatrix of an ulcer of the cornea may be permanently blackened, and the conjunctiva tinged of an olive hue, by the long-continued use of this remedy as a topical application. In regard to the acetate of lead, he says "it ought to be entirely dismissed from ophthalmic practice, from the opaque and generally indelible precipitate its solution forms on any abraded or ulcerated spot of the conjunctiva or cornea." In this judgment, all practical ophthalmologists, who have carefully observed the unsatisfactory results obtained from its use, and have seen repeated instances of opaque deposit where it had been unadvisedly applied, will fully concur.

Perfect as seemed to be the methods of performing the various operations required upon the eye, very important improvements have been made within even the last five years. New instruments have been devised, to meet the difficulties encountered in some of the operations for cataract and for artificial pupil, and it may be confidently asserted that these delicate operations may now be executed with increased safety and success. Most of these improvements, we are glad to notice, Dr. Mackenzie adopts and describes; thus adding all which was wanting to render his work complete.

We cannot but regret, that the publishers should not have made arrangements to issue this edition, of which the mechanical appearance is creditable, without the deformity of excrescences in the shape of notes and additions. Dr. Hewson's attempt at gilding refined gold may have been very well in its way, yet we cannot but think such a production as that of Dr. Mackenzie would have been, "when unadorned, adorned the most." W.

Categorical Account of the Female Medical College, to the People of the New England States. By HELEN M. GASSETT. BOSTON: 1855. Svo. pp. 138.

This pamphlet purports to be an exposition of certain frauds and abuses alleged to have been committed by some of the Directors of the "N. E. Female Medical School," whereby the funds raised for the support of the Institution, and entrusted to their keeping, have been appropriated to the private use of those members of the Board, and the friends and subscribers to the school, and the public generally, been greatly deceived as to the objects and success of the scheme. The author was for some time an agent for raising funds in behalf of the College, and states that she became disgusted with the impositions practised by those having the management of its affairs, and withdrew from all connection with it; whereupon the Directors, in order to throw discredit upon her statements, published her in the newspapers as a dishonest person, dismissed from their employ, and warned the public against having any dealings with her. Whether these assertions of Mrs. Gassett are true or not, we have no means of judging. If they are, the whole affair is a gigantic humbug, got up, under the assumed guise of philanthropy and reform, for the sole purpose of benefiting a few individuals. We freely admit that statements of this kind may be exagge-

rated, and should be received with caution; yet, from the peculiar means which have been taken to recommend this College to the public favor (the most indecent abuse and slander of the members of the medical profession generally), it is difficult for us to divest ourselves of a suspicion that they may not be wholly groundless. We shall take an early occasion to state our views on the subject of female practitioners of medicine, and in the mean time recommend the pamphlet to those interested in the Institution at Boston.

A Manual of Clinical Medicine and Physical Diagnosis. By T. H. TANNER, M.D., Licentiate of the Royal College of Physicians; Physician to the Hospital for Women, &c. *To which is added the Code of Ethics of the American Medical Association.* Philadelphia: Blanchard & Lea. 1855. Pp. 252.

In one sense, the republication of the work of a foreign author must be gratifying to him; it shows that his labors are appreciated, and it gives him a more extended and deserved fame. There are considerations, however, which diminish, in many instances, this feeling of satisfaction: republication of valuable works, unless their authors be participants by agreement, in the pecuniary returns, inflicts upon them a serious loss, and the well-merited remuneration for literary toil is unjustly diverted from those to whom it chiefly belongs.

These ideas constantly recur to us, as the gigantic press of this country distributes by thousands the works of European authors, at a cheaper rate and generally in a far cheaper style than the originals. Occasionally the proper arrangements are effected, and a due regard is shown to the property of the author; too often, no questions are asked, and the re-print is made, we think, in a way only to be described by the term *piratical*. This subject has elicited much feeling and comment; we only refer to it, to manifest our own estimation of the procedure, and our remarks are general—intended to particularize no one publishing firm.

While justice to authors should be a governing principle with publishers, it is not to be denied that the public derive great advantage from the issue of re-prints in a form within the means of nearly every individual. But surely this may be honorably done, and authors generally would be only too happy to enter into negotiations for such a purpose.

The work we have to notice at the present time is an honor to its writer, and must obtain a wide circulation by its intrinsic merit alone. It seems to us that but slight effort on the part of the publishers will be requisite to exhaust even a large edition. Suited alike to the wants of students and practitioners, it has only to be seen, to win for itself a place upon the shelves of every medical library. Nor will it be "shelved" long at a time; if we mistake not, it will be found, in the best sense of the homely but expressive word, "handy." The style is admirably clear, while it is so sententious as not to burden the memory. The arrangement is, to our mind, unexceptionable. The opening chapter, "On the Clinical Study of Disease," is admirable. We cannot specify all the subjects, but will call attention to a few.

"Sec. 2d. *The General Conduct of the Practitioner of Medicine.*"—Among much that is excellent under this head, we select the following:—"A man who practises his profession conscientiously, will never be unmindful of the duties which he owes to his colleagues—to those treading the same path with himself."

"Sec. 3d. *The Clinical Examination of a Patient.*"—The most concise

and yet clear directions are given under this caption; the following of such a system, while it neglects no point of importance, saves much valuable time.

"Sec. 4. *The Clinical Examination of Children.*"—A few very sensible directions for this difficult task.

Sec. 1, of Chapter VII., contains a reference to the observations of Drs. John Fisher and Whitney upon Cerebral Auscultation. The author says, "that any attempt to increase the knowledge of this class of affections (*Cerebral Diseases*), is welcome, and deserving of careful consideration; and while he recognizes the probable utility of auscultation of the cranium in certain cerebral affections, as in aneurisms of the cerebral arteries, for example, thus concludes his notice of the subject:—"With regard to the results said to have been obtained from the practice of percussion in cerebral disease, I hold the opinion of Zehetmayer, that percussion will undoubtedly inform us of the thickness of the skull, but up to the present time, thick and hollow heads have been detected with tolerable certainty, without the necessity of percussing the cranium."—(Page 142.)

We might go on referring to various articles, in all of which, the subjects are most acceptably treated; but we are sure that all who turn to those few we have specified, will need no other stimulus to look farther. The chapter (VI.) on the "Diagnosis of Natural from Feigned Disease," consists chiefly of a "Table," in which the name of the disease, the mode of simulation and that of detection are given. This is judiciously drawn up, and must prove useful. We notice that the author mentions the narcotized condition of the anæstheticised as suited to reveal *feigned* deformities; a means that could hardly fail, we should suppose. The whole chapter is valuable. The principle of condensation, carried through the work, while it never obscures the sense, has almost given to it the character of a collection of aphorisms; but the usual stiffness of the latter does not appear, the whole composition running easily along by a natural connection, and securing the undiminished interest of the reader. The work, in short, deserves the heartiest commendation. The publishers have appended the "Code of Ethics of the American Medical Association"—a judicious proceeding, inasmuch as its excellence is a sufficient introduction to the good society it thus joins.

The typographical appearance of the book is good, and its size a convenient one. We remark certain errors which surely ought not to have escaped correction: *e. g.*, Section 3d, p. 29, is presented as "Section 8";—hurry, or extreme carelessness, can alone account for mistakes in the heading of sections or chapters, which are really of more importance than when in the body of the text. On page 32, 13th line from the bottom, read *patients*, instead of "patinets." The book is, however, remarkably free from errors. For sale here by Carter, Brown & Bazin, Cornhill and Washington street.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 18, 1855.

EVIL EFFECTS OF STUDIES OUT OF SCHOOL.

THE length of time to be employed in mental application by young persons at school, is a question which we are surprised not to see oftener dis-

cussed in medical books and journals, since there are few subjects that have a greater bearing on the bodily health, as well as the intellectual advancement of the young. On the one hand, the importance of mental cultivation is denied by no one; the education of the people is the boast of our country, and is of incalculable advantage to a republic, in preparing its citizens for the responsible duties of self-government, and in promoting, to an indefinite extent, the means of happiness of the individual. On the other hand, we must take into account the dangerous effects of over-stimulation of the intellectual powers, and of the absence of a due amount of bodily exercise, at the expense of the physical organization; and this view of the subject, we apprehend, has been too much overlooked by the instructors of youth, in their desire to bestow upon their pupils the advantages of a highly-accomplished education. The vast increase, of late years, in the amount and variety of studies taught in our schools, leaves, we fear, too little time for the proper recreation necessary both to body and mind. There are few schools in our city, where the higher branches are taught, which do not impose upon the scholars, in addition to at least six hours' mental labor in the school-room, lessons requiring from one to two hours' hard study at home, which time must, in some cases, be greatly extended by those of inferior powers of acquisition, whose ambition will not permit them to fall behind their more gifted companions. In many instances, we are afraid, this extra work is prolonged into those hours when both mind and body should be repairing the losses of the day by sleep.

Now, young persons, especially, require both amusement and out-door exercise, and much more of the latter than most of our young friends are able or disposed to indulge in. The bow which is always kept bent, soon loses its elasticity. The youthful mind by too much application becomes either heavy and incapable of healthful exertion, or else, by over stimulation, is rendered visionary, eccentric and impractical, prone to fanaticism or even to insanity. Sedentary habits predispose the system to dyspepsia, phthisis, and a host of other diseases. Over-use of the eyes, especially by lamp-light, and on closely printed books (often in the crabbed characters of the Greek or German), when it does not immediately give rise to acute inflammation, often lays the foundation of permanent weakness of sight, and constitutes a source of misery which may last a life-time.

The School Committee of this city have wisely prohibited the imposition of lessons out of school hours, in the grammar schools. We hope they will ere long see the wisdom of introducing the same reform into the higher schools. In our opinion no lessons should, as a general rule, be learned out of school. Six or seven hours daily, is quite enough time to be spent in application to books, especially by children who are passing through that period in which the changes taking place in the system, render it peculiarly susceptible to evil influences. Nor would a diminution of the time spent in studying prove a real loss in the end; on the contrary, we believe that children would work with more interest, and make more progress in their studies, if they came to their books with their minds refreshed and bodies invigorated by exercise. Children should study hard, but they should also play hard; and it is just as much our duty to induce them to play as to make them study. The apparent progress made by incessant mental application in early years, is too often compensated in after life by ruined health and disappointed expectations. We have in our mind several cases which we could adduce in support of the position we have here assumed, but, for the present, we forbear.

SUGAR-VAPOR CURE FOR PHTHISIS.

THE sugar-vapor cure for phthisis is a subject about which much has been written in former numbers of this Journal. Its advocate, Dr. Cartwright, believes that there is some specific virtue residing in the volatile aroma of the boiling cane-juice, which is antidotal to tubercle, and may be employed by inhalation in the treatment of pulmonary consumption. We notice in the September number of the Nashville Journal of Medicine and Surgery, an article on this subject, by Dr. B. H. Washington, of Hannibal, Mo., who, without denying the benefit of the remedy, ascribes its effect to the vapor or steam rising from the boiling liquid.—“The warm vapor, upon its inhalation, penetrates through, and is a local application to all parts of the inflamed lung, soothing and curing the inflammation excited around every tubercle, being, in fact, equivalent to the water-dressing recommended by all surgeons, while the volatile aroma, after serving to refresh the olfactories, not being of any further use, goes about its business.” In confirmation of this view, Dr. Washington quotes the fact that hatters are cured of colds and pains in the chest, whenever they are employed over the kettles. He also states that the same is true of workmen employed in the manufacture of copperas, who are exposed to vapor from boiling water, and he cites one remarkable instance of a man with strong consumptive tendencies who was restored to health and vigor, after working at this employment. Dr. Washington, however, is inclined to believe that the patient is, to some extent, indebted to the wholesome nourishment afforded by the cane-juice;—to use his own expressions, “drinking the hot, worm-destroying, scurvy-curing, teeth-whitening, *dextro-gyrate* cane-juice, furnishes the best quality of food for the formation of healthy chyle.”

MEDICAL BOOKS IN THE PUBLIC LIBRARY.

WE believe that many of our brethren in this city are not aware of the valuable collection of Medical Books in the Public Library, which can be used “without money and without price;”—at least the number of physicians who avail themselves of this privilege is quite small. The Trustees are willing and ready to purchase any book which is desired by a responsible person, and which is not of an unreasonable price. We hope to see this valuable collection of books as freely used by our profession as it is by the public.

Communications received.—On Dislocations of the Clavicle.

Books received.—Annual Report of the City Inspector of the City of New York, for the year ending December 31st, 1854.

MARRIED.—At Cambridge, on the 10th inst., Dr. William H. Gorham, to Miss Sophia T. Rice.—At Lowell, 10th inst., Eben K. Sanborn, M.D., to Miss Harriet W. Avery.—In New Jersey, Dr. James A. Sherman, of N. J., to Mrs. Mary McGlidden, of Boston.—At Lyons, N. Y., 3d inst., William G. David, M.D., of Dubuque, Iowa, to Miss Sarah M. Taft, of L.—At Paris, on the 16th of August last, at the American Embassy, L. S. Burridge, M.D., to Miss Emma Frances Mecke, daughter of Samuel G. Ogden, Esq., all of New York.

Deaths in Boston for the week ending Saturday noon, Oct. 13th, 83. Males. 37—females, 46. Accidents, 3—inflammation of the bowels, 3—inflammation of the brain, 1—catarrh, 1—consumption, 13—convulsions, 5—cholera infantum, 7—croup, 4—dysentery, 2—dropsy, 2—dropsy in the head, 7—infantile diseases, 8—diabetes, 1—typhoid fever, 1—hooping cough, 5—intemperance, 4—disease of the kidneys, 1—marasmus, 2—measles, 1—old age, 2—palsy, 1—pleurisy, 1—smallpox, 3—teething, 1—unknown, 3—worms, 1.

Under 5 years, 45—between 5 and 20 years, 10—between 20 and 40 years, 14—between 40 and 60 years, 11—above 60 years, 3. Born in the United States, 62—Ireland, 19—Germany, 1—British Provinces, 1.

Pills of Iodide of Iron.—The method of preparing these pills, suggested by M. Perrens, is as follows:—Take of iodine powder, of iron (not oxidized), and honey, each one gramme; liquorice powder, two grammes. Rub together in an iron mortar, rapidly, the iodine and the iron, until they are completely mixed, and then add the honey, beating them together till the mass becomes black, and ceases to exhale the odor of the iodine; then incorporate the liquorice powder with it, and divide quickly into twenty pills. Silver them. They should be preserved in a stoppered bottle.—*Dublin Med. Press.*

To Remove Rancidity from Fatty Substances.—M. Griseler discovered, accidentally, that the addition of a small quantity of nitric ether to oils, has the effect of entirely removing any rancid odor which they may possess. Evaporating by heat to drive off the alcohol of the ether, leaves the oils as limpid and sweet as ever.—*Stethoscope.*

Statistics of Paris.—The population of Paris may be considered, with the environs, as 1,200,000. Of these, an average of 70,000 receive aid and food from the administration of *Assistance Publique*. Besides this average, must be counted the following special cases:—2,800 octogenarians, 3,000 septuagenarians, 1,400 blind persons, and 600 paralytics. In the hospitals are 63,237 beds, of which 46,538 are for civil occupants, and 16,699 for soldiers. From 1804 to 1822, the annual number of admissions was about 40,000: in 1829, it was 74,000; and in 1850, 83,000, and the hospitals refused about 80 applicants a day.

The average daily consumption of bread in the city is a million of pounds, or a pound for each person: but, as every workman eats three pounds a day, it is found that the consumption of women, of children, and of the aged, which is considerably under a pound a-piece, furnishes an ample compensation. The climate is calculated to require a person in good health to consume one pound of meat, one and a half of vegetables, and one and a half of bread, with a bottle of claret, or two bottles of beer. The consumption of bread diminishes in years of abundant wine yields, and *vice versa*. A heavy rise in the price of bread increases the number of deaths very perceptibly. The 40,000 cats and 70,000 dogs of the city of Paris, eat six millions pounds of bread a year. Unwise economists have proposed their destruction, in view of the saving that might be effected: but it is clear that it would only provide for six days' consumption out of three hundred and sixty-five.

There are 601 bakers in Paris, who are divided into four classes:—the first, including those who use more than four bags of flour a day; the second, third and fourth, those who use three, two, and less than two a day. A bag contains 314 pounds of flour, and furnishes 408 pounds of bread. Any baker who puts more water into a bag full than is necessary to raise it up to this standard weight; or any one who adulterates his flour with mixtures of carbonate of magnesia, bicarbonate of soda, or powdered alabaster, is punished by a fine of thirty francs and a week's imprisonment. Frauds in bread, however, are extremely rare. Every baker is obliged to keep in store at the City Granary from 50 to 130 bags, according to his class. The total thus stored is about 80,000 bags. In case, therefore, of any circumstance preventing the communication of the city with the country, there is always a stock of flour on hand sufficient for twenty-five days, and with economy, for forty.

There are 500 butchers in the city: they are governed in their proceedings by a code consisting of 301 articles, drawn up by Charles X., in the last year of his reign. The number of persons in Paris who abstain entirely from meat, is so large, that the average consumption of the city is reduced to three ounces a day for each person. It is the class that goes without that fills the hospitals.

The average wine yield of France is 1,000,000,000 gallons—two-thirds of which is consumed in the country, and one-third exported. Of the 333,000,000 gallons annually drank in France, Paris claims 40 000,000—that is five times as much as its proportion of population entitles it to. Of this quantity, 7,000,000, or one-sixth, are supposed to be added, either in the form of water, or of decoctions purely artificial. The government does what it can to punish and prevent frauds of this sort, and it keeps in its employ sworn and patented tasters, whose palates possess a sort of humming-bird delicacy.—*New York Times.*